а	Control number	22222	C	OMB No. 1545-0	008					
b	b Employer identification number (EIN)					1 Wages, tips, other compensation 2 Federal income tax with				
С	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld			
						Medicare wages and tips	6 Medicare tax withheld			
		7	Social security tips	8 Allocated tips						
d	d Employee's social security number				9	Advance EIC payment	10 Dependent care benefits			
е	Employee's first name and initial Last name				11	Nonqualified plans	12a			
					13 S	Statutory Retirement Third-party singleyee plan sick pay	12b			
					14	Other	12c			
							12d			
f	Employee's address and ZIP co	ode								
15	State Employer's state ID nur	nber 16 S	tate wages, tips, etc.	17 State incon	e tax	18 Local wages, tips, etc.	19 Local	income tax	20 Locality name	

Wage and Tax Statement



Department of the Treasury—Internal Revenue Service

CORRECTED (if checked) PAYER'S name, street address, city, state, ZIP code, and telephone no. OMB No. 1545-0112 Paver's RTN (optional) 2005 Interest Income Form 1099-INT PAYER'S Federal identification number **RECIPIENT'S** identification number 1 Interest income not included in box 3 Copy B For Recipient **RECIPIENT'S** name 2 Early withdrawal penalty 3 Interest on U.S. Savings This is important tax Bonds and Treas, obligations information and is being furnished to the \$ Internal Revenue Service. If you are 4 Federal income tax withheld 5 Investment expenses Street address (including apt. no.) required to file a return, \$ a negligence penalty or other sanction may be 6 Foreign tax paid 7 Foreign country or U.S. City, state, and ZIP code imposed on you if this possession income is taxable and the IRS determines that Account number (see instructions) it has not been

Form **1099-INT**

(keep for your records)

Department of the Treasury - Internal Revenue Service

reported.

	U VOID CORRE	СТІ	ED							
PAYER'S name, street address,	1 Gross distribution			OMB No. 1545-0119		Distributions From Pensions, Annuities,				
			\$ 2a Taxable amount			2005			Retirement or Profit-Sharing Plans, IRAs, Insurance	
		\$			F	orm 1099-R		С	contracts, etc.	
		21	b Taxable amour not determined			Total distribution	n 🗌		Copy 1 For	
PAYER'S Federal identification number	RECIPIENT'S identification number	3	Capital gain (included in box 2a)		4	Federal income tax withheld		Ta	State, City, or Local ax Department	
		\$			\$					
RECIPIENT'S name		5	5 Employee contributions or insurance premiums		6	6 Net unrealized appreciation in employer's securities				
		\$			\$					
Street address (including apt. no.)			Distribution code(s)	IRA/ SEP/ SIMPLE	8	Other				
					\$		%			
City, state, and ZIP code			9a Your percentage of total distribution %		9b \$	Total employee conf	loyee contributions			
Account number (see instructions)			State tax withheld		11 State/Payer's state no.		12 \$	State distribution		
		\$						\$		
		13	Local tax withhe	eld	14	Name of locality	у	15	Local distribution	
		<u>\$</u> \$						\$		
		IΦ			1			\$		

☐ CORRECTED (if checked)

\$	b Qualified dividends	OMB No. 1545-0110 2005	Dividends and Distributions
118	b Qualified dividends	20 05	
\$			-::
	a Total capital gain distr.	Form 1099-DIV 2b Unrecap. Sec. 1250	O noin
		·	Сору в
PAYER'S Federal identification number RECIPIENT'S identification number		\$	For Recipient
RECIPIENT'S name 20 \$ 3 \$	Nondividend distributions	2d Collectibles (28%) \$ 4 Federal income tax with	This is important tax information
Street address (including apt. no.)		5 Investment expense:	are required to file a return, a
City, state, and ZIP code 6		7 Foreign country or U.S. poss	negligence penalty or other sanction may be
Account number (see instructions) 8	distributions	Noncash liquidation distributions	imposed on you if this income is taxable and the
			IRS determines that it has not been reported.

Form **1099-DIV**

(keep for your records)

Department of the Treasury - Internal Revenue Service